

PERSONNEL
TELECOMMUTING

Telecommuting Application

Name _____ Title _____

Department _____

Number of days I would like to telecommute: 1, 2 or 3

Please describe how you think your job responsibilities are suited for telecommuting:

TELECOMMUTING APPLICANT:

I have discussed telecommuting with my Department Director and understand that my application does not guarantee that I will be eligible to telecommute. I have read the telecommuting policy and regulation and understand that it is not an entitlement and that it is not appropriate for every employee. I understand that telecommuting can be terminated at any time by NJSBA or me.

Applicant Signature _____ Date _____

DEPARTMENT DIRECTOR:

I have discussed the possibility of telecommuting with the above-mentioned employee. I believe this employee is a good candidate based on job responsibilities and performance in his or her current position.

Department Director's Signature _____ Date _____

Approval _____ Disapproval _____ Reason:

Executive Director Signature _____ Date _____